

FEE TRANSMITTAL

Application Number 10/705,813

Art Unit 1722

Filing Date November 10, 2003

Confirmation No. 5409

Inventor(s) Milind Kulkarni

Examiner Name Robert M. Kunemund

Attorney Docket Number MEMC 02-0201 (3035.1)

☐ Applicant claims small entity status.METHOD OF PAYMENT

☒ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

☐ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES  
(Type: \_\_\_\_\_) Subtotal (1) \$ \_\_\_\_\_

2. ☐ EXCESS CLAIM FEES

Total Claims \_\_\_\_\_ - \_\_\_\_\_ (HP) = 0 x Fee \_\_\_\_\_ = \$0.00  
Indep Claims \_\_\_\_\_ - \_\_\_\_\_ (HP) = 0 x Fee \_\_\_\_\_ = \$0.00  
Multiple Dependent Claims Fee \$ \_\_\_\_\_  
(HP = highest number of claims paid for)

Subtotal (2) \$0.00

3. ☐ APPLICATION SIZE FEE

Total Pages N/A - 100 = N/A ÷ 50 = 0 x \$ \_\_\_\_\_ = \$0.00  
(Application + Drawings) (round up to whole #)

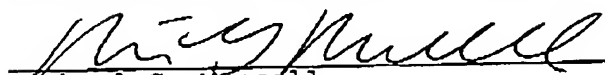
Subtotal (3) \$0.00

4. ☒ OTHER FEE(S)

☒ One (1) month extension of time  
☐ Information disclosure statement  
☐ 37 CFR 1.17(q) processing fee  
☐ Non-English specification  
☐ Notice of Appeal  
☐ Filing a brief in support of appeal  
☐ Request for oral hearing  
☐ Other: \_\_\_\_\_

Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00

  
Michael G. Munsell  
Reg. No. 43,820

4/28/06  
Date  
Telephone: 314-231-5400

MGM/clh

Via Facsimile - 571-273-8300